

## SRF - DISBURSEMENT REQUEST INFORMATION

1. Community: <u>CITY OF WEST LAFAYETTE</u>	1a. SRF Loan Number: <u>CS 18240001</u>
2. Mailing Address: <u>500 S. River Rd.</u> <u>West Lafayette, IN 47906</u>	2a. Request No.: <u>NINETY</u>
3. Contact Person: <u>Lorraine Wilkins</u>	3a. Contact Phone No.: <u>(765) 775-5141</u>
4. Community's Authorized Representative: <u>MAYOR JOHN R. DENNIS OR CLERK-TREASURER JUDITH RHODES</u>	
5. Authorized Representative's Phone No.: <u>(765) 775-5100</u>	
6. Description of work for which claim is being made (service, fees, type of, etc.): <u>Western Sanitary Sewer Interceptor-Engineering services</u>	

7. <u>Contractor</u>	7a. <u>Address</u>	<u>Amount Requested</u>
GREELEY AND HANSEN	LOCKBOX 619776 P.O. BOX 6197 CHICAGO, IL 60680-6197	\$ <u>4,125.00</u>
9. Original Loan Amount: .....		\$ <u>12,380,000.00</u>
10. Total Amount of Previous Disbursements .....		\$ <u>8,545,983.00</u>
11. Amount of this Request.....		\$ <u>4,125.00</u> <small>(Amount to Contractor plus retainage)</small>
12. Balance Available after this Disbursement.....		\$ <u>3,829,892.00</u>
13. Is a portion of the claim underlying this Request subject to retainage under I.C.36-1-12-14 or similar law?      YES _____ NO <u>X</u>		
14. If yes, the retainage amount is .....		\$ <u>0.00</u>
<small>(This amount will be sent to the retainage account set forth below and the remainder will be sent directly to the contractor identified above.)</small>		

Name of Bank: \_\_\_\_\_

Retainage Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

15. Has the Qualified Entity paid the request and is now seeking reimbursement?	YES _____	NO _____	X <u>X</u>
16. Is any part of this claim a result of a change order?	YES _____	NO _____	X <u>X</u>
17. Is this the final payment to the contractor?	YES _____	NO _____	X <u>X</u>

The undersigned hereby certifies that this Request is true and correct, that the claim underlying this Request is legally due (and is payable from SRF) in accordance with the Community's Financial Assistance Agreement with the State.

18. DATE: \_\_\_\_\_

18a. \_\_\_\_\_

AUTHORIZED REPRESENTATIVE SIGNATURE

Mayor John R. Dennis

\_\_\_\_\_  
Judith C. Rhodes, Clerk-Treasurer



**GREELEY AND HANSEN**

100 S. Wacker Drive, Suite 1400  
Chicago, Illinois 60606  
p 312 558 9000  
f 312 558 1986  
www.greeley-hansen.com

June 5, 2009

**RECEIVED**  
**JUN 10 2009**  
**UTILITY DIRECTOR**

Mr. David Henderson  
Utility Director  
City of West Lafayette  
500 South River Road  
West Lafayette, IN 47906

Subject: Western Sanitary Sewer Interceptor Division IV Design  
Invoice No. 288836

Dear David:


The enclosed invoice is for design services in connection with the Western Sanitary Sewer Interceptor Division IVI project. Invoice No. 288836 provides services from March 7, 2009 through May 29, 2009.

Please call me if you have any questions.

Thank you.

Very truly yours,

Greeley and Hansen

Joseph M. Teusch  
by   
Joseph M. Teusch  
JMT/mma

# INVOICE

For customer service, call 312 578 2375.



**GREELEY AND HANSEN**

P.O. Box 6197  
Chicago, Illinois 60680-6197  
p 312 558 9000  
www.greeley-hansen.com

Invoice Number:	INV-0000288836	Project Number:	07914.01	Project Name:	WESTERN SANITARY SEWER	Invoice Date:	06/05/2009
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## Non-T&M Labor Supporting Schedule

Group Description: Total Labor

Labor Cat Desc	Employee/Vendor	T/S Date	Current Hours	Current Amount
01 CIVIL- SANITARY ASSOCIATE	TEUSCH, JOSEPH M		15.00	665.40
01 CIVIL- SANITARY ASSOCIATE			15.00	665.40
04 CIVIL- SANITARY DRAFTER	RODENBECK, MATTHEW J		27.50	678.15
04 CIVIL- SANITARY DRAFTER			27.50	678.15
D/L with multiplier			42.50	1,343.55
Total Labor			42.50	1,343.55

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Invoice Number: INV-0000288836

Invoice Date: 06/05/2009

Description: AUTHORIZATION: FOR DESIGN ENGINEERING SERVICES FOR THE WESTERN SANITARY SEWER INTERCEPTOR IN ACCORDANCE WITH THE AGREEMENT DATED JULY 27, 2004.

Bill To:  
CITY OF WEST LAFAYETTE  
ATTN: MR. DAVID HENDERSON  
UTILITY DIRECTOR  
500 SOUTH RIVER ROAD  
WEST LAFAYETTE, IN 47906

Remit To:  
GREELEY AND HANSEN  
LBX 619776  
P.O. Box 6197  
  
CHICAGO, IL 60680-6197

Customer Number: 0791  
Prime Contract Number:

	Contract Value
Cost:	1,125,038.00
Fee:	0.00
Total:	1,125,038.00
Cumulative Amount Billed:	898,067.04

Project Number: 07914.01  
Project Name: WESTERN SANITARY SEWER  
Terms: NET 30  
Due Date: 07/05/2009

Billing Period From: 03/07/2009  
To: 05/29/2009

	Current Amount	Cumulative Amount
D/L with multiplier	4,124.70	793,531.81
Total Labor	4,124.70	793,531.81
Sub-Consultant	0.00	97,112.60
Travel	0.00	2,191.87
Printing	0.00	1,984.00
Miscellaneous	0.00	114.93
Total ODC's	0.00	101,403.40
Mark-up on Sub-Cons	0.00	3,131.83
Mark-up on Sub-Cons	0.00	3,131.83
Invoice Total	4,124.70	898,067.04

Current Incurred Hours: 42.50